



DEPARTMENT OF
CONSERVATION

Division of
Recycling

Certification Application

RECYCLING CENTERS & PROCESSORS

Mail to: Department of Conservation • Division of Recycling • Certification Section
801 K Street • MS 15-59 • Sacramento, CA 95814-3533
Questions? Call: (916)324-8598

Instructions

- Print In Ink Or Type.
- Submit A Separate Form For Each Location Or Category.
- Indicate N/A For Any Items Which Are Not Applicable.

Office Use Only

App. # **A** _____
Certification No. _____
☐ 5 year ☐ Probationary: Expiration _____

OPERATOR INFORMATION

1)

Category of Certification

(Check One)



Recycling Center



Processor

2)

Contact Person _____
First Middle Last Title
Organization Name _____
Fictitious Business Name, If applicable
Business Address _____
Address City County State Zip Code
Mailing Address _____
Address City County State Zip Code
Telephone Number () ()
Fax

3)

Type Of Organization

(Check one box)

- a. ☐ Individual:
- b. ☐ Partnership: ___ General or ___ Limited **Submit copy of current partnership agreement.**
- c. ☐ Corporation: **Number as filed with Secretary of State** _____ **Submit Articles of Incorporation and list of current corporate officers.**
____ Profit or ____ Nonprofit (Select one)
____ Domestic or ____ Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**
Agent for service of process _____
- d. ☐ Limited Liability Company: **Submit Articles of Organization, Statement of Information and operating agreement.**
____ Domestic or ____ Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**
Agent for service of process _____
- e. ☐ Husband and Wife Co-Ownership: **Name of Spouse** _____
- f. ☐ Local Government Agency: ___ City ___ County ___ City & County ___ Other **Submit governing board resolution authorizing this application.**
- g. ☐ Federal Agency: ___ Military Installation ___ National Park ___ Other Federal Property _____
- h. ☐ Other (Explain): _____

4) Submit a copy of the fictitious business name statement, if applicable

5) Federal ID # (Employer ID#) _____
Corporations, partnerships and other organizations with paid employees must provide a Federal ID#.



Type Of Organization (Continued)

- 6) Are you, your spouse, your partner, or any corporate officer **currently certified** by the Department of Conservation, Division of Recycling, in any category? ☐ Yes ☐ No
If YES, Certification Number(s) _____
- 7) Have you, your spouse, your partner, or any corporate officer **ever been certified** by the Department of Conservation, Division of Recycling, in any category? ☐ Yes ☐ No
If YES, Certification Number(s) _____
- 8) Do you, your spouse, your partner, or any corporate officer have additional **pending applications** with the Department of Conservation, Division of Recycling, in any category? ☐ Yes ☐ No
- 9) Have you, your spouse, your partner, or any corporate officer ever had a certificate **denied, suspended, or revoked** by the Department of Conservation, Division of Recycling, in any category? ☐ Yes ☐ No
- 10) Do you speak English? ☐ Yes ☐ No
If NO, which language is spoken? _____

FACILITY INFORMATION

- 11) _____
 Name of Facility ()
 Facility Telephone Number, If Applicable
- _____
- Facility Address
- _____
- City County State Zip Code
- 12) Identify the nearest cross street to the facility: _____
- 13) Property Ownership: ☐ Own ☐ Lease ☐ Rent ☐ Donated Space ☐ Other (specify): _____
Submit a copy of the current tax or mortgage statement, or current rental/lease agreement or written use agreement from the owner or leaseholder authorizing use of the property for a recycling business. The document must identify the operator and the facility address (as stated in item 10).
- _____ ()
 Telephone Number
- Name of Property Owner/Leaseholder
- _____
- Address City State Zip Code
- 14) Has the facility or program **ever been operated** by a different certified operator or under a different facility name in any category? ☐ Yes ☐ No
- a. Former facility name, if applicable: _____
- b. Former operator name, if applicable: _____
- c. Former certification number, if known: _____

- 15) What will be the facility's actual days and hours of operation?

(Must identify am/pm.)

Business hours:	Hours closed for lunch:
Mon _____ a.m. / p.m. to _____ a.m. / p.m.	_____ a.m. / p.m. to _____ a.m. / p.m.
Tues _____ a.m. / p.m. to _____ a.m. / p.m.	_____ a.m. / p.m. to _____ a.m. / p.m.
Wed _____ a.m. / p.m. to _____ a.m. / p.m.	_____ a.m. / p.m. to _____ a.m. / p.m.
Thurs _____ a.m. / p.m. to _____ a.m. / p.m.	_____ a.m. / p.m. to _____ a.m. / p.m.
Fri _____ a.m. / p.m. to _____ a.m. / p.m.	_____ a.m. / p.m. to _____ a.m. / p.m.
Sat _____ a.m. / p.m. to _____ a.m. / p.m.	_____ a.m. / p.m. to _____ a.m. / p.m.
Sun _____ a.m. / p.m. to _____ a.m. / p.m.	_____ a.m. / p.m. to _____ a.m. / p.m.

If using reverse vending machine(s):

- ☐ **24 hours/7 days a week for:** ☐ Aluminum ☐ Glass ☐ Plastic
☐ Bimetal

RECYCLING CENTERS ONLY

- 16) Is this facility located on federal land? ☐ Yes ☐ No
If yes, submit authorization for State Inspectors to enter property.
- 17) Do you agree to inspect loads of empty beverage containers in accordance with the regulations? **All partners, both husband and wife co-owners must initial.**
☐ Yes ☐ No Your **original** initials _____
- 18) Do you agree to accept and redeem all type(s) of redeemable beverage containers at the facility? **All partners, both husband and wife co-owners must initial.**
☐ Yes ☐ No Your **original** initials _____
- 19) Are you requesting "**grandfathered**" status for your facility? ☐ Yes ☐ No
 If yes, which material types do you accept? ☐ Aluminum ☐ Glass ☐ Plastic ☐ Bimetal
Provide proof of operation as of January 1, 1986.
- 20) Number of Staff: Self _____ Others _____
- 21) Describe the methods used to collect and store redeemed beverage containers:
☐ Igloos ☐ Bins ☐ Trailers ☐ Reverse vending machines ☐ Carts ☐ Bales ☐ Pickup truck/Van/Auto
☐ Other (Explain): _____
- 22) If using reverse vending machine(s), indicate the proposed method for redeeming beverage containers which are not accepted by the machine(s).
☐ In-store redemption: Name and address of store: _____
☐ On-site attendant ☐ Other (Explain): _____
- 23) Are you applying for certification as a Nonprofit Convenience Zone Recycler ☐ Yes ☐ No
If yes, provide proof of Nonprofit Tax Exempt status.
- 24) Are you applying for certification as a Rural Region Recycler ☐ Yes ☐ No

PROCESSORS ONLY

- 25) Which redeemable beverage containers will be **accepted** at the facility? ☐ Aluminum ☐ Glass ☐ Plastic ☐ Bimetal
- 26) Indicate the method(s) to be used to cancel each type of redeemable beverage container by container type.

Aluminum

- ☐ Shredding
☐ Densification to 30 lbs./cu. ft.
☐ Exported from State*
☐ Delivered to end-user*
☐ Other: _____ (Specify)
 *Containers must first be densified to 15 lbs./cu. ft.

Glass

- ☐ Crushed to uniform size acceptable by willing user
☐ Exported from State
☐ Delivered to end-user

Plastic

- ☐ Shredded
☐ Exported from State
☐ Delivered to end-user
☐ Other: _____

Bimetal

- ☐ Densification
☐ Shredding
☐ Milling
☐ Nuggetting
☐ Exported from State
☐ Delivered to end-user

- 27) Do you agree to purchase redeemed beverage containers from any requesting certified recycler? ☐ Yes ☐ No
All partners, both husband and wife co-owners must initial. Your **original** initials _____
- 28) Do you transact business by appointment only? ☐ Yes ☐ No
If No, complete item #15 on page 2 of this application.

DECLARATION AND SIGNATURES

29)

a. I agree to operate the facility in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of Title 14 of the California Code of Regulations.

b. I declare under penalty of perjury under the laws of the State of California that all information on this application and supporting documents is true and correct and that I am authorized to sign this application.

Note: Please refer to note below (*) for information on who is eligible and required to sign this form.

Executed at _____ on _____
City County State (Month/ Day/Year)
Signature _____ Title _____
Printed Name _____ Residence Phone(_____) _____
Residence Address _____
Address City State Zip Code
Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
Signature _____ Title _____
Printed Name _____ Residence Phone(_____) _____
Residence Address _____
Address City State Zip Code
Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
Signature _____ Title _____
Printed Name _____ Residence Phone(_____) _____
Residence Address _____
Address City State Zip Code
Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
Signature _____ Title _____
Printed Name _____ Residence Phone(_____) _____
Residence Address _____
Address City State Zip Code
Social Security # ** _____ California Driver License # _____

Attach Additional Sheet if Necessary.

* *Who must sign affidavit: For Individuals-the applicant; Partnerships-each partner; Husband & Wife Co-ownerships-both husband & wife; Corporations, Limited Liability Companies, Government or Public Agencies-persons with authority to legally bind said entity to a contract (e.g., Executive Officer, Managing Member).*

** *Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). This information is used for applicant identification purposes. Authority: California Beverage Container Recycling and Litter Reduction Act (Public Resources Code Section 14500 et seq.).*

FOR INFORMATION ONLY

What other recyclable material(s) do you collect or accept?

<input type="checkbox"/> Newsprint	<input type="checkbox"/> White Paper	<input type="checkbox"/> Computer Paper	<input type="checkbox"/> Cardboard	<input type="checkbox"/> Construction/Demolition	<input type="checkbox"/> Styrofoam
<input type="checkbox"/> Other Aluminum	<input type="checkbox"/> Scrap Metal	<input type="checkbox"/> Other Glass	<input type="checkbox"/> Other Plastic	<input type="checkbox"/> Telephone Books	<input type="checkbox"/> Magazines
<input type="checkbox"/> Auto Batteries	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Yard Waste	<input type="checkbox"/> Oil Filters	<input type="checkbox"/> Tin Cans	<input type="checkbox"/> Tires
<input type="checkbox"/> Mixed Paper	<input type="checkbox"/> Steel	<input type="checkbox"/> Copper	<input type="checkbox"/> Iron	<input type="checkbox"/> Toner Cartridges	<input type="checkbox"/> Other _____
					<input type="checkbox"/> Oil
					<input type="checkbox"/> Wood